ERB PF. File no ……

A. TO BE COMPLETED BY THE APPLICANT.

1. Name as per payroll ……
2. Designation …… 3. Division…. ……..
4. Check No…… 5. Salary Scale…….
6. Rate of Extra duty allowance ……

a) Number of the days…… i) Weekdays…… ii) Weekends…….
b) Date Commencing…… Date Finishing……....
c) Nature of work……
……
d) Total amount payable ……
I hereby certify the particulars given above are correct to the best of my knowledge and that had to work extra duty.
From …… to……each day.

…… …….. …….
Name Signature Date

B. TO BE FILLED BY HEAD OF DEPARTMENT / UNIT.

I recommend that …… be paid Tshs ……as extra duty allowance for…… days and that I have personally made that the work for which this allowance is being paid for was done correctly and completed within the period shown above.

…… …….. …….
Name Signature Date

C. TO BE FILLED BY HEAD OF FINANCE.

I approve /do not approve the payments of Tshs…… Being extra duty allowance for…… days.

…… …….. …….
Name Signature Date

D. TO BE FILLED BY REGISTRAR.

I approveb/ donot approve the payments of Tshs…… Being extra duty allowance for…… Days

…… …….. …….
Name Signature Date